

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH											
FILED VS. SEP 21 1960				318		Primary Registration District No. 1003		Registrar's No. 8955		=60-035975	
STATE FILE NUMBER											
1. PLACE OF DEATH						2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)					
a. COUNTY						a. STATE <u>MISSOURI</u> b. COUNTY <u>ST LOUIS</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only)				Length of stay in 1b		c. CITY OR TOWN				Inside Limits	
<u>ST LOUIS</u>				<u>1 MONTH</u>		<u>CLAYTON</u>				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION				Inside Limits		d. STREET ADDRESS (If outside, give location)				Reside on Farm	
<u>FIRMIN DESLOGE Hosp</u>				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		<u>15 N LYLE</u>				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED						4. DATE OF DEATH					
First Middle Last						Month Day Year					
<u>ALMA HEISSERER BROWN</u>						<u>SEPT 8 1960</u>					
5. SEX		6. COLOR OR RACE		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>		8. DATE OF BIRTH		9. AGE (last birthday)		IF UNDER 1 YEAR	
<u>FEMALE</u>		<u>WHITE</u>				<u>OCT 19, 1903</u>		<u>57</u>		Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (City and state or country)		12. CITIZEN OF WHAT COUNTRY	
<u>NONE</u>				<u>NONE</u>				<u>ORAN, MISSOURI</u>		<u>U.S.A</u>	
13a. FATHER'S NAME				13b. MOTHER'S MAIDEN NAME				14. NAME OF HUSBAND OR WIFE			
<u>THEON HEISSERER</u>				<u>VALERIA WOMACK</u>				<u>WARREN E BROWN</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.				17. INFORMANT Address			
<u>NO</u>				<u>NONE</u>				<u>WARREN BROWN, JR 15 N LYLE</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:										INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <u>Generalized Carcinomatosis</u>										<u>3 yrs</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Carcinoma of Breast</u>										<u>13 yrs</u>	
DUE TO (c) <u>170X</u>											
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)										PART III. If deceased was female was there a pregnancy in last 90 days.	
										<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)							
20c. TIME OF INJURY		Hour a.m. p.m.		Month, Day, Year							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE			
21. I attended the deceased from <u>Jan 7, 1958</u> to <u>Sept 8, 1960</u> and last saw her alive on <u>Sept. 5, 1960</u>											
Death occurred at <u>6:30</u> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE (Degree or title)				22b. ADDRESS				22c. DATE SIGNED			
<u>M. E. Thoma M.D.</u>				<u>3915 Watson Rd</u>				<u>9/10/60</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county)		(State)			
<u>BURIAL</u>		<u>SEPT 12, 1960</u>		<u>CALVARY CEM</u>		<u>ST LOUIS</u>		<u>MO</u>			
24. FUNERAL DIRECTOR ADDRESS				25. DATE RECD. BY LOCAL REG.		26. REGISTRAR'S SIGNATURE					
<u>STOCK MORTUARY 889 S BRENTWOOD</u>				<u>SEP 10 1960</u>		<u>Earl Smith, M.D.</u>					

OCT 3 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Paul A. Wachter

Licensed Embalmer No. 478

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to
with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

DR Geo T. H. A.
3915 Watson